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## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/758667

			S FILED - PART (Column 1)		(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN		
TOTAL CLAIMS			21				R/	ΤE	FEE	1	RATE	FEE
FOR			NUMBÉR FILED		NUMBER EXTRA		BASI	C FE	355.00	OR	BASIC FEE	<del> </del>
TOTAL CHARGEABLE CLAIMS			2/ minus 20=		• /		X	9=		OR	X\$18=	18.00
INDEPENDENT CLAIMS			3 minus 3 =		. 0		X4	0=	<del>                                     </del>	1	Y00	B
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT							OR		B
•	the difference	in column 1 is	less than zero, enter "0" in colur			column 2		35=		OR	L	
CLAIMS AS AMENDED - PART II							10	TAL		OR	TOTAL	128.00
4	4-24-03		(Column 2) (Column 3)			SMALL ENTITY			OR	OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	. 21	Minus	. 2	1	= 0	X\$	9=		OR	X\$18=	
AME	Independent	. 3	Minus	***	3_	= 0	X4	)=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM			_			070	
							+13	5≂ )TAL		OR	+270=	
0	9-26-03 (Column 1) (Column 2) (Column 3)									OR	TOTAL ADDIT. FEE	
	46-0	(Column 1)		(Colun		(Column 3)						
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 22	Minus	2	/	= /	X\$ :	)=		OR	X\$18=	18
	Independent	NTATION OF MU	Minus	2	3	= /	X40	=		OR	X8 <b>∀</b> =	84
	THOTTHESE	INTANON OF ME	LIPLE DE	PENDENT	CLAIM		+13	5=		OR	+270=	
9	)							TAL			TOTAL	107
1	-17-64	(Column 1)		(Colum	n 2)	(Calumn a)	ADDIT.	FEE L		J.,	ADDIT. FEE	10,5
-		CLAIMS		HIGHE		(Column 3)						·
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 21	Minus	2	2	= O	X\$ 9	=		OR	X\$18=	
AME	Independent	. 3	Minus	7	1	= 0	X40	_		ŀ	X80=	
_	FIRST PRESE	NTATION OF MU	ILTIPLE DEI	PENDENT'	CLAIM		A-40	+		OR	X00=	····
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
1	f the "Highest Nur	nber Previously Pa	id For" IN THI	S SPACE is	less than	20 enter "20 "	TO ADDIT, F			OR A	TOTAL DDIT. FEE	
-	ii me Highest Nui The "Highest Num	mber Previously Pa iber Previously Paid	ii¤ ⊦or IN I'Hi d For" (Total o	S SPACE is r Independe	less thai nt) is the	n 3, enter "3." highest number			ropriate box			



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CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			21					RATE	FEE	1	RATE	FEE	
FC	OR .		NUMBÉR FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TC	TAL CHARGE	ABLE CLAIMS	2/ mi	2/ minus 20=		• /		X\$ 9=		OR	X\$18=	18.00	
INDEPENDENT CLAIMS 3 minus 3 =					•	A		X40=		OR	X80=	Ø	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=			+270=	B	
* If the difference in column 1 is less than zero, enter						column 2		TOTAL		OR	TOTAL	128.00	
CLAIMS AS AMENDED - PAR 625-04 (Column 1) (Colu					nn 2)	(Column 3)		SMALL	ENTITY	OR .	OTHER SMALL I	THAN	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	. 15	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	· J	Minus	***	CI 444	=		X40=		OR	X80=		
	FINST PRESE	NTATION OF MU	DETIPLE DE	PENDENI	CLAIM		<b>,</b> [	+135=		OR	+270=		
							L	TOTAL			TOTAL		
		(Column 1)		(Colun	nn 2)	(Column 3)		IDDIT. FEE		,	ADDIT. FEE		
AMENOMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=		
AME	Independent		Minus	•••		=		X40=		OR	X80=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT	CLAIM		┚┟	+135=		OR	+270=		
							L	TOTAL			TOTAL		
		(Column 1)		(Colum	nn 2)	(Column 3)	А	DDIT. FEE <b>L</b>		J.,	ADDIT. FEE		
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	ST JER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
AMENDMENT	Independent		Minus	•••		=		X40=			X80=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM		I		l	OR			
٠,	f the entry in colu	mn 1 is less than th	e entry in colu	mn 2, write	"0" in col	umn 3.	L	+135= TOTAL		OR	+270=		
•••	If the "Highest Nu If the "Highest Nu	mber Previously Pa mber Previously Pa iber Previously Paid	id For" IN THI iid For" IN THI	S SPACE is S SPACE is	less that less tha	n 20. enter "20." n 3. enter "3."	AL	ODIT. FEE			TOTAL ADDIT FEE umn 1		

FORM PTO-875

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